

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-011609

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 61

STATE FILE NUMBER

VS 300  
Rev. 4/59

1 0495  
2 0495  
3 2  
4 1  
5 0  
6  
7 0  
8 0  
9 545X  
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11  
12 1-2  
13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED APR 2 1962

## 1. PLACE OF DEATH

a. COUNTY **Jasper**

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **Webb City**

Length of stay in lb  
**45 yrs**

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **Jane Chinn Hospital**

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** COUNTY **Jasper**

c. CITY OR TOWN **Webb City**

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
**511 S. Tom St.**

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First **Elda** Middle **Kulp**

4. DATE OF DEATH  
Month **March** Day **26** Year **1962**

5. SEX  
**Female**

6. COLOR OR RACE  
**White**

7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
**1-23-1906**

9. AGE (last birthday)  
**56**

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life)  
**Shift Factory employee**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
**Carthage, Missouri**

12. CITIZEN OF WHAT COUNTRY  
**USA**

13a. FATHER'S NAME

**James E. Clubb**

13b. MOTHER'S MAIDEN NAME

**Pearl Scott**

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
**no**

16. SOCIAL SECURITY NO.

17. INFORMANT  
**Mrs. Pearl Moore** Address  
**511 S. Tom St. Webb City**

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Acute Circulatory Failure**

DUE TO (b) **Debilitation and Inanition**

DUE TO (c) **Stricture Cardiac End of Stomach**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
**Rheumatoid Arthritis**

PART III. If deceased was female was there a pregnancy in last 90 days.  
☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **1-27-61** to **3-26-62** and last saw her **live on 3-25-62**  
Death occurred at **5:30 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **[Signature]** (Degree or title) **D.O.**

22b. ADDRESS  
**Webb City, Mo.**

22c. DATE SIGNED  
**3-26-62**

23a. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**

23b. DATE  
**3-28-62**

23c. NAME OF CEMETERY OR CREMATORY  
**Mt. Hope Cemetery**

23d. LOCATION (City, town, or county) (State)  
**Webb City, Mo.**

24. FUNERAL DIRECTOR  
**Johnston-Simpson, Webb City, Mo.**

25. DATE RECD. BY LOCAL REG.  
**3-28-62**

26. REGISTRAR'S SIGNATURE  
**Mrs. Madeline Switzer**

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

APR 19 1962

APR 10 1962

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

• If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.